

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-031818

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 295

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. FILED AUG 27 1962

a. COUNTY

Marion

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN HannibalLength of stay in lb
19 yrs.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Levering HospitalInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
1247 BroadwayReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
MABEL

Middle

Last
WILSON4. DATE
OF DEATHMonth Day Year
August 20, 19625. SEX
Female6. COLOR OR RACE
White7. Married ☐ Never Married ☐
Widowed ☐ Divorced ☒8. DATE OF BIRTH
9-21-919. AGE (last birthday)
70IF UNDER 1 YEAR
Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done
during working life, even if retired)10b. KIND OF BUSINESS OR INDUSTRY
Laundry11. BIRTHPLACE (City and state or country)
Cawker City, Kan.12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Charles Henning

13b. MOTHER'S MAIDEN NAME

Susie Whiteman

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(If no, or unknown) (If yes, give war or dates of serv)

No

16. SOCIAL SECURITY NO.
68

17. INFORMANT

Address

Mo.

Mrs. Lillian Tripp, Hannibal,

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Congestive Heart Failure pulmonary edema

INTERVAL BETWEEN
ONSET AND DEATH
4 days.Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Active pulmonary heart disease

DUE TO (c)

Isolated Myocardium

8/11/62

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY
Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

Hannibal Marion Mo.

21. I attended the deceased from 8/11/62

6:30 P.

8/20/62

and last saw her
him alive on

8/20/62

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

J. H. Waterschmidt M.D.

1209 Broadway, Hannibal, Mo.

8/21/62

23. BURIAL, CREMATION,
REMOVAL (Specify)23b. DATE
8/22/6223c. NAME OF CEMETERY OR CREMATORY
Masonic Cemetery23d. LOCATION (City, town, or county)
Bucklin, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Jack Schwartz, Hannibal, Mo.

Aug 21, 1962 Dr E M Luchy by Lillian M Herman

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____
Jack Schwartz

Licensed Embalmer No. 4900

P. O. Address Hamlet, N.Y.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit issued Aug 21, 62